



## Rehabilitation Psychology. A missing link in current Danish practices

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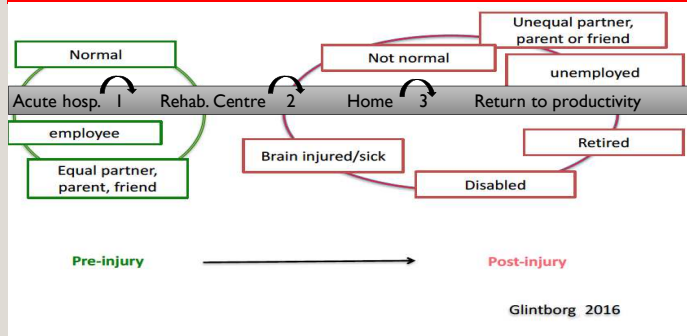
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## Objectives & Methods

**OBJECTIVES:** Since mid-1990s the psychosocial consequences following an acquired brain injury has been known as the biggest challenge facing rehabilitation. National best practice guidelines in Denmark for individuals suffering from acquired brain injuries recommend coordinated rehabilitation programmes to ensure seamless service transitions and comprehensive rehabilitation practices. However, this recommendation for practice and the evidence informing its advancement are based on unexamined assumptions. Therefore, this study investigated bio-psycho-social outcomes and perceptions of a coordinated rehabilitation programme.

**METHOD:** In a prospective, naturalistic mixed methods study, rehabilitation outcomes for 82 adults (18-66 years) with moderate to severe acquired brain injury were investigated. Clients who received the coordinated rehabilitation programme KORE (n = 27) were compared to clients from the same area who received standard rehabilitation (SR) prior to the implementation of the KORE programme (n = 37) and clients who received other coordinated efforts (ALT) elsewhere (n = 18). The study employed quantitative data from standardized tests (Functional Independence Measure, Major Depression Inventory, Quality of life, and Impact on Participation and Autonomy Questionnaire) as well as information on return to work and qualitative interviews with clients (N = 82) and their relatives (N = 40).

## Results



## Results 1: Quan

Functional Independence Measure (FIM) median scores			
	SR n=37 Median	KORE n=27 Median	ALT n=18 Median
FIM 0 total	102	97	72 <sup>c</sup>
FIM 0 motor	78	71	50 <sup>c</sup>
FIM 0 cognitive	25	26	23 <sup>c</sup>
FIM 1 total	119 <sup>a</sup>	118	109
FIM 1 motor	89 <sup>a</sup>	87	80
FIM 1 cognitive	32 <sup>a</sup>	31	29
FIM 2 total	119	117 <sup>b</sup>	114 <sup>a</sup>
FIM 2 motor	87	87 <sup>b</sup>	83 <sup>a</sup>
FIM 2 cognitive	32	31	32 <sup>a</sup>

Note. a = 1 missing value, b = 2 missing values, c = 3 missing values.

QOL mean scores			
	SR n=37 Mean (SD)	KORE n=27 Mean (SD)	ALT n=18 Mean (SD)
Time 1 physical	45.3 (20.2)	39.1 (19.1)	55.4 (20.2)
Time 1 psychological	55.4 (20.2)	44.0 (18.4)	71.3 (15.6)
Time 1 social	56.6 (13.2)	56.1 (11.5)	56.6 (13.2)
Time 2 physical	46.7 (21.7)	47.0 (22.8) <sup>b</sup>	52.8 (22.7) <sup>b</sup>
Time 2 psychological	55.8 (17.9)	53.0 (22.8) <sup>b</sup>	53.2 (20.2) <sup>b</sup>
Time 2 social	69.3 (15.8)	67.3 (22.1) <sup>a</sup>	66.8 (17.1) <sup>b</sup>
Time 2 environment	63.6 (13.6)	56.6 (17.2) <sup>a</sup>	62.7 (12.3) <sup>b</sup>

Note. a = 3 missing values, b = 1 missing value.

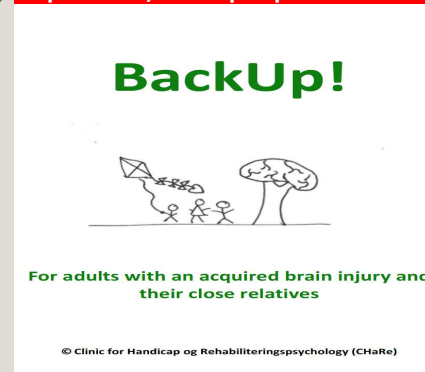
Depression (MDI) mean scores			
	SR (n=37)	KORE (n=27)	ALT (n=18)
	min max Mean (SD)	min max Mean (SD)	min max Mean (SD)
MDI time 1	1 39 15.4 (9.4)	1 47 14.9 (11.1)	5 42 15.5 (10.2)
MDI time 2	1 39 15.4 (9.4)	6 45 18.8 (10.6) <sup>a</sup>	0 43 16.8 (11.2) <sup>b</sup>

Note. a = 4 values missing, b = 1 value missing.

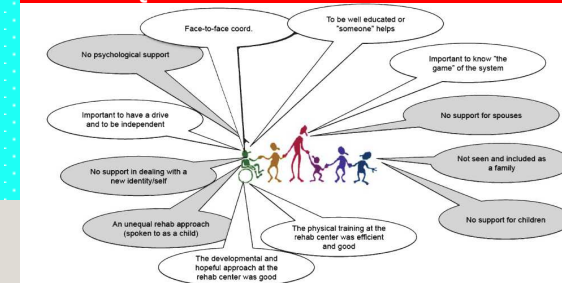
Impact on autonomy and participation (IPAQ) median scores			
	SR n=37 Median	KORE n=27 Median	ALT n=18 Median
IPAQ time 1 indoor autonomy	1 <sup>a</sup>	2	2
IPAQ time 1 family roles	1 <sup>a</sup>	4 <sup>b</sup>	4 <sup>b</sup>
IPAQ time 1 outdoor autonomy	2 <sup>a</sup>	3	3
IPAQ time 1 social relations	0 <sup>a</sup>	1 <sup>a</sup>	1 <sup>a</sup>
IPAQ time 2 indoor autonomy	0	0 <sup>b</sup>	0 <sup>a</sup>
IPAQ time 2 family roles	1	2 <sup>b</sup>	2 <sup>a</sup>
IPAQ time 2 outdoor autonomy	2	2 <sup>b</sup>	2 <sup>a</sup>
IPAQ time 2 social relations	1	1 <sup>b</sup>	1 <sup>a</sup>

Note. a = 1 missing value, b = 2 missing values, c = 3 missing values, d = 4 missing values, e = 6 missing values.

## Implications/future perspectives



## Results 2: Qual



What helps and hinders outcome according to interview with clients and relatives.  
Note. Green = helpers, Orange = hinderers.  
(Glintborg & Hansen, 2016)

## Results, Discussion & Conclusion

**RESULTS:** Results found no support for the KORE programmes influence on bio-psycho-social outcomes. The clients level of difficulties as measured on FIM, MDI, QOL and IPAQ, and their return to work rate, were at the same level in the group who received the KORE programme as in the group who underwent standard rehabilitation before the KORE programme was implemented. With regard to psychosocial outcomes, one third of all clients showed signs of depression and more than half (50-60%) of all clients experienced dissatisfaction with QOL. Furthermore, 50% of all clients reported problems in their family relations. Qualitative interviews suggested several barriers to improvement, such as unmet needs for psychological support, as rehabilitation services focused on physical and practical training.

**DISCUSSION & CONCLUSION:** Coordinated interventions do not guarantee comprehensive rehabilitation and better outcomes for clients with acquired brain injury. Psychological support may be the missing link. Rehabilitation psychology is a growing field in European practice that involves applying psychological knowledge to address psychosocial consequences related to individuals with disabilities. Therefore, based on this research, we have developed a new master programme, Clinic for Handicap and Rehabilitation Psychology (CHaRe), at the Department of Communication and Psychology at Aalborg University. CHaRe aims at qualifying students for future work as rehabilitation psychologists. The programme spans 4 semesters and is organized partly in relation to curriculum, partly in relation to clinical practice where students will offer a manual based intervention to clients with disabilities (acquired brain injuries) and their close relatives.

## References

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